

PART B—ISSUE FEE TRANSMITTAL

#18

EM061 036 352 US

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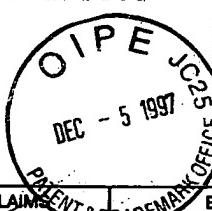
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1. CORRESPONDENCE ADDRESS

PENNIE & EDMONDS
1155 AVENUE OF THE AMERICAS
NEW YORK NY 10036-2711

12NQ3/1991



APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/738,944	10/24/96	825	BRUSCA, J	1805 10/01/97
First Named Applicant	PETERSON, TODD C.			

TITLE OF INVENTION METHODS FOR GENERATING AND SCREENING NOVEL METABOLIC PATHWAYS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 8757-007	435-172,900	655	UTILITY	YES	\$645.00	01/02/98

3. Correspondence address change (Complete only if there is a change)

12/24/1997 R.JOHNSON 00000015 DAN:161150 08738944
01 FL-5242 6601001CH
02 FC-561 30.00 CH

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Pennie & Edmonds LL

2 _____

3 _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: Chromaxome Corporation

(2) ADDRESS: (CITY & STATE OR COUNTRY) San Diego, CA

A. This application is NOT assigned.

Assignment previously submitted to the Patent and Trademark Office.

Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) *Laura Coruzzi* (30,742) (Date) *Dec 5, 1997*

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KC PART B—ISSUE FEE TRANSMITTAL

#1352 \$

EM061 036 352

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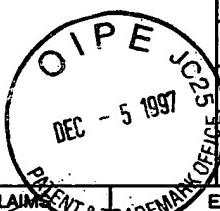
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1. CORRESPONDENCE ADDRESS

PENNIE & EDMONDS
1155 AVENUE OF THE AMERICAS
NEW YORK NY 10036-2711

100-2741001



2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
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01 PUS242 660.00 CH
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Laura Coruzzi (30,742)

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